



**Testimony to the Aging Committee  
David V. Hunter President & CEO  
Chatham Place at Mary Wade**

**March 3, 2022**

**In Opposition to**

**House Bill 5193, An Act Concerning Rent Increases, Fee Increases and Changes in Residency Status at Continuing Care Facilities and Managed Residential Communities**

My name is David V. Hunter and I have served in the health care sector for my entire care. I currently serve as president & chief executive officer for Mary Wade Home and Chatham Place at Mary Wade, which is a nonprofit continuum of care organization in New Haven, Connecticut. This organization, which was founded in 1866, provides assisted living and memory care, post-acute and long-term care, hospice care, adult day health, primary care, outpatient care, 55 and older rental community, and transportation.

Thank you for the opportunity to submit testimony on *House Bill 5193, An Act Concerning Rent Increases, Fee Increases and Changes in Residency Status at Continuing Care Facilities and Managed Residential Communities*.

As an established provider of aging services, including assisted living and memory care services, we oppose this bill. We do not know the specific circumstances that prompted this legislative proposal, but we believe that the issues raised in the bill are either already addressed in statute or would impose unnecessary and unwarranted regulatory requirements in these residential settings on matters that are already appropriately addressed in contracts.

As an assisted living community, we offer our residents a rental arrangement governed by landlord tenant law and provide for the delivery of assisted living services from an assisted living service agency (ALSA). In addition to being governed by landlord tenant laws, our MRC agreements must contain certain terms required by statute, and our residents also receive an MRC resident's bill of rights that is specifically outlined in statute.

Specific to the bill, we object to the proposal to cap the MRC fee increases as the proposed index does not recognize the rising costs incurred within this senior living setting. In addition, any effort to control the noticing of MRC unit rental increases must recognize both the market rate and the affordable settings where rental subsidies are provided.

Regarding the proposal to regulate the transitions of care within the assisted living MRC setting, it is important to understand how assisted living is regulated in our state. Licensed ALSAs may furnish assisted living health care services only to an individual whose condition is "chronic and stable." This means that once the MRC resident's condition is no longer stable or their condition becomes acute and not chronic, the ALSA must transition the individual to another level of care provider unless the individual is able to obtain 24-hour skilled nursing services in his or her residential unit. The MRC statutes require that the MRC contract address the conditions under which the agreement can be terminated by either party.

For this reason, current state law prohibits an MRC from entering into a written residency agreement with any individual who requires twenty-four-hour skilled nursing care, unless such individual establishes to the satisfaction of both the MRC and the ALSA that the individual has, or has arranged for, such twenty-four-hour care and maintains such care as a condition of residency if the ALSA determines that such care is necessary.

Residents of an MRC also have their choice of health care provider. The comprehensive bill of rights for a resident of a managed residential community grants the resident the freedom to engage a health care provider of their choice. We therefore do not see any barrier to seeking an independent medical opinion at any time during their residency.

Again, I do not know the specific circumstances that prompted this legislative proposal regarding the provision of continuous skilled nursing care, but if it was an attempt to secure the health and safety of a resident in need of skilled care, we would argue that the current resident rights established for both settings should address this situation and allow the resident to seek the opinion of a health care provider not affiliated with the MRC when the need for a transition to a higher level of care is appropriate. It is the obligation of the provider to ensure the safety of their residents, and we believe that the current statutory construct allows for a collaborative approach to this effort.

Thank you for this opportunity to submit this testimony and please feel free to contact me if I can answer any questions.

Respectfully submitted,  
  
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